

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
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6		/				
7		/				
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54		/				
55	/					
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97						
98						
99						
100						
TOTAL IND.	23		↓		↓	
TOTAL DEP.	43		↓		↓	
TOTAL CLAIMS	66					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS